Coffey County Library
Meeting Room Statement of Responsibility

As listed in the Meeting Room Policy of the Coffey County Library, there may be a fee for the use of the branch library meeting rooms. These fees are charged to offset utility costs and not as a profit-making venture.

This form must be filed with the branch librarian and the fee paid (if applicable) prior to the issuance of the meeting room key or the occupation of the meeting room.

Organization_____

Contact Person Name:_____

Address_____

_____

Phone   (h)_____**(w)**_____

Date needed:_____ **Time:**_____**to**_____

Equipment Needed:_____

_____

Please initial

_____I agree I am responsible to pay the usage fee in advance $_____and obtain and return the meeting room key as agreed upon herein. I understand if I do not return the key as specified I will be responsible for the cost of replacing both the lock and the key.

_____I agree I will abide by the Meeting Room Policy of the Coffey County Library. I have read and understand the policy.

_____I agree I will not use candles, with the exception of birthday candles, incense or other smoke or flame producing devices, including barbeques, in the library or on the library grounds.

_____I agree not to remove any library displays from the walls even if it conflicts with my use of the room. Priority is given to library events, programs, and displays over all other meeting room use including use by individuals and other organizations.

_____ **I agree to accept responsibility for the equipment in the room (tables, chairs, and electronics)**

_____I agree to see that the tasks on the meeting room checklist are completed after the meeting. (Sample checklist on back)

Signature: _____**Date:** _____

Print Name: _____

Librarian's Initials: _____ **Paid:**_____**Date:**_____

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MEETING ROOM CHECKLIST

Organization_____ Meeting Date_____
Contact person _____
Phone (h)_____(w)_____

Number of people attending event_____

_____Chairs returned as found prior to event

_____Tables returned as found prior to event

_____Trash in receptacle provided

_____Food from this event removed from refrigerator

_____Counters cleaned

_____Bathroom lights turned out

_____Meeting room lights turned off

Branch Specific issues:

No smoking statute # K.S.A. 21-4009

No alcohol statute # K.S.A. 41-719

      Please give this sheet to a staff member or leave it in the meeting room at the conclusion of the event. Thank you for using the library.